Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Filing at a Glance

Company: Selective Insurance Company of America

Product Name: Redomestication SERFF Tr Num: SELC-125775630 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & SERFF Status: Closed State Tr Num: EFT \$50

Non-Liability

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: 08F-ML-141AR State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: Tracy Potter Disposition Date: 08/15/2008

Date Submitted: 08/14/2008 Disposition Status: Approved

Effective Date Requested (New): 08/15/2008 Effective Date (New): 08/15/2008

08/15/2008

State Filing Description:

General Information

Project Name: Redomestctation Status of Filing in Domicile: Pending

Project Number: 08F-ML-141AR

Reference Organization: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 08/15/2008

State Status Changed: 08/15/2008 Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

Selective Insurance Company of South Carolina ("SICSC") and Selective Insurance Company of the Southeast ("SICSE") changed their state of domicile from South Carolina to Indiana effective June 30, 2008. Therefore, we are filing our updated Company Address Page to reflect these changes. Thank you.

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Company and Contact

Filing Contact Information

Tracy Potter, State Filing Specialist tracy.potter@selective.com
40 Wantage Ave (973) 948-1178 [Phone]
Branchville, NJ 07890 (973) 948-4538[FAX]

Filing Company Information

Selective Insurance Company of America CoCode: 12572 State of Domicile: New Jersey

40 Wantage Avenue Group Code: 242 Company Type:
Branchville, NJ 07890 Group Name: State ID Number:

(800) 777-9656 ext. [Phone] FEIN Number: 22-1272390

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50.00/form filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Selective Insurance Company of America \$50.00 08/14/2008 21938738

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 08/15/2008 | 08/15/2008 |

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Disposition

Disposition Date: 08/15/2008

Effective Date (New): 08/15/2008 Effective Date (Renewal): 08/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Item Type Item Name Item Status Public Access

Supporting Document Uniform Transmittal Document-Property & Approved Yes

Casualty

Form Company Address Page Approved Yes

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Form Schedule

| Review | Form Name | Form # | Edition | Form Ty | pe Action | Action Specific Readabil | ity Attachment |
|----------|--------------|--------|----------------|---------|-----------|--------------------------|----------------|
| Status | | | Date | | | Data | |
| Approved | Company | MISC | 08 08 | Other | Replaced | Replaced Form #: | MISC1714 |
| | Address Page | 1714 | | | | MISC 1714 08 04 | 808.pdf |
| | | | | | | Previous Filing #: | OLD |
| | | | | | | 04F-ML-17AR | MISC1714.2 |
| | | | | | | | 00408.pdf |

Insurance is provided by the Company designated on the Declarations Page of this policy. The addresses of all Selective Insurance Companies are shown below:

Selective Insurance Company of America 40 Wantage Avenue Branchville, NJ 07890 Selective Way Insurance Company 40 Wantage Avenue Branchville, NJ 07890

Selective Insurance Company of South Carolina 11711 North Meridian Street, Suite 800 Carmel, IN 46032 Selective Insurance Company of New England 45 Memorial Circle Augusta, ME 04330

Selective Insurance Company of New York 1500 Liberty Bank Building Buffalo, NY 14202 Selective Insurance Company of the Southeast 11711 North Meridian Street, Suite 800 Carmel, IN 46032

Administrative Offices of all Selective Insurance Companies are located at:
40 Wantage Avenue
Branchville, NJ 07890
1-800-777-9656

Insurance is provided by the Company designated on the Declarations Page of this policy. The addresses of all Selective Insurance Companies are shown below:

Selective Insurance Company of America 40 Wantage Avenue Branchville, NJ 07890 Selective Way Insurance Company 40 Wantage Avenue Branchville, NJ 07890

Selective Insurance Company of South Carolina 1901 Assembly Street Columbia, SC 29201 Selective insurant Company of New England 45 Memorial Circle Augusta, ME 04330

Selective Insurance Company of New York 1500 Liberty Bank Building Buffalo, NY 14202 Selective Insurance Company of the Southeast 3420 Toringdon Way, Ste 300 Charlotte, NC 28277

Administrative Office of al Selective Insurance Companies are located at:
40 Wantage Avenue
Branchville, NJ 07890
1-800-777-9656

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 08F-ML-141AR

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations

Liability

Product Name: Redomestication

Project Name/Number: Redomestctation/08F-ML-141AR

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 08/15/2008

Property & Casualty

Comments:

Attachment:

NAIC Transmittal 3-07.pdf

Property & Casualty Transmittal Document

| 1. | Reserved for Insurance | 2. Ins | urance Departi | ment | Use only | | | | |
|---|--|--|--|---------------------------|--|--|--------|------------------|--|
| | Dept. Use Only | a. Dat | e the filing is re | ceive | d: | | | | |
| | | b. Ana | alyst: | | | | | | |
| | | c. Dis | position: | | | | | | |
| | | d. Dat | e of disposition | of the | filing: | | | | |
| | | e. Effe | ective date of fil | ing: | | | | | |
| | | N | New Business | | | | | | |
| | | F | Renewal Busines | SS | | | | | |
| | | f. Stat | te Filing #: | | | | | | |
| | | | RFF Filing #: | | | | | | |
| | | h. Sub | ject Codes | | | | | | |
| 3. | Group Name | | | | | | | Group NAIC # | |
| | Selective Insurance Group | | | | | | | 242 | |
| 4. | Company Name(s) | | Domicile | NA | AIC# | FEIN : | # | State # | |
| | Selective Insurance Company of | of America | NJ | 12: | 572 | 22-127 | 2390 | | |
| | | | | | | | | | |
| 5. | Company Tracking Number | 08 | 8F-ML-141AR | | | | | | |
| Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number] | | | | | | | | | |
| Con | tact into of Filer(s) or Corpora | ate Officer(s) | [include toll-fre | e num | nber] | | | | |
| 6. | Name and address | ate Officer(s) Title | [include toll-free Telephone | | hber] FAX | # | | e-mail | |
| | Name and address | Title State Filing | Telephone | #s | - | | tracy. | | |
| | | Title | Telephone 800-777-96 | #s | FAX | | | .potter@selectiv | |
| | Name and address | Title State Filing | Telephone | #s | FAX | | tracy. | .potter@selectiv | |
| | Name and address | Title State Filing | Telephone 800-777-96 | #s | FAX | | | .potter@selectiv | |
| | Name and address | Title State Filing | Telephone 800-777-96 | #s | FAX | | | .potter@selectiv | |
| 6. | Name and address Tracy Potter (Rossman) | Title State Filing | Telephone 800-777-96 1178 | # s 56 x | FAX 973-948-4 | | | .potter@selectiv | |
| | Name and address | Title State Filing | Telephone 800-777-96 | # s 56 x | FAX 973-948-4 | | | .potter@selectiv | |
| 6. | Name and address Tracy Potter (Rossman) Signature of authorized filer | Title State Filing Specialist | Telephone 800-777-96 1178 fracy & | # s 56 x | FAX 973-948-4 | | | .potter@selectiv | |
| 7. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authoric | Title State Filing Specialist | Telephone 800-777-96 1178 fracy Tracy Potte | # s 56 x Ros | FAX 973-948-4 ssman) | | | .potter@selectiv | |
| 7. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authorized filer ing information (see General) | Title State Filing Specialist zed filer Instructions | Telephone 800-777-96 1178 fracy Tracy Potte for descriptions | #\$ 56 x r (Roso of the | FAX 973-948-4 ssman) ese fields) | 538 | e.con | .potter@selectiv | |
| 7. 8. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authorized filer Ing information (see General Type of Insurance (TOI) | Title State Filing Specialist zed filer Instructions | Telephone 800-777-96 1178 fracy Tracy Potte | #\$ 56 x r (Rosof the | FAX 973-948-4 ssman) ese fields) - Liability & | 538 | e.con | .potter@selectiv | |
| 7. 8. Fili | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s) | Title State Filing Specialist zed filer Instructions CTOI) Specialist | Telephone 800-777-96 1178 Inacy Commercial Multi- | #\$ 56 x r (Rosof the | FAX 973-948-4 ssman) ese fields) - Liability & | 538 | e.con | .potter@selectiv | |
| 7. 8. Fili 9. 10. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable)[See State Specific Requi | Title State Filing Specialist Zed filer Instructions Croi Gif rements] | Telephone 800-777-96 1178 Tracy Potte for descriptions commercial Multi- | #\$ 56 x r (Rosof the | FAX 973-948-4 ssman) ese fields) - Liability & | 538 | e.con | .potter@selectiv | |
| 7. 8. Fili 9. 10. 11. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authorized filer Ing information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Required Company Program Title (Market)] | Title State Filing Specialist Zed filer Instructions Croi Gif rements] | Telephone 800-777-96 1178 Tracy Potte for descriptions commercial Multi- ub TOI Combination | r (Rosof the Perilations | FAX 973-948-4 ssman) ese fields) - Liability & | Non-Li | e.con | .potter@selectiv | |
| 7. 8. Fili 9. 10. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authori ng information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable)[See State Specific Requi | Title State Filing Specialist zed filer Instructions Croi Sciff rements keting title) R | Telephone 800-777-96 1178 Tracy Potte for descriptions commercial Multi- ub TOI Combinate Rate/Loss Cost | r (Rosof the Perilations | FAX 973-948-4 ssman) ese fields) Liability & | Non-Li | e.con | .potter@selectiv | |
| 7. 8. Fili 9. 10. 11. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authorized filer Ing information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Required Company Program Title (Market)] | Title State Filing Specialist Zed filer Instructions Croi Gif rements] | Telephone 800-777-96 1178 Inacy Potte for descriptions commercial Multi- ub TOI Combinate Redomestication Rate/Loss Cost Forms Cost | r (Rosof the Peril ations | FAX 973-948-4 ssman) ese fields) Liability & | Non-Li- | e.con | .potter@selectiv | |
| 7. 8. Fili 9. 10. 11. | Name and address Tracy Potter (Rossman) Signature of authorized filer Please print name of authorized filer Ing information (see General Type of Insurance (TOI) Sub-Type of Insurance (Sub-Type of Insurance (Sub-Type State Specific Product code(s) applicable) [See State Specific Required Company Program Title (Market)] | Title State Filing Specialist Zed filer Instructions CTOI) Signif rements Keting title) R | Telephone 800-777-96 1178 Tracy Potte for descriptions commercial Multi- ub TOI Combinate Rate/Loss Cost | r (Rosof the Perilations | FAX 973-948-4 ssman) ese fields) Liability & | Non-Lia Rates/Ru Rules/Fo iption) | e.con | .potter@selectiv | |

PC TD-1 pg 1 of 2

Property & Casualty Transmittal Document---

| 15. | Reference Filing? | ☐ Yes ☐ No |
|-----|---|--|
| 16. | Reference Organization (if applicable) | N/A |
| 17. | Reference Organization # & Title | N/A |
| 18. | Company's Date of Filing | 08-14-2008 |
| 19. | Status of filing in domicile | ☐ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved |
| | | |
| 20. | This filing transmittal is part of Company | Tracking # 08F-ML-141AR |
| 21. | Filing Description [This area can be used in li | eu of a cover letter or filing memorandum and is free-form text] |

Selective Insurance Company of South Carolina ("SICSC") and Selective Insurance Company of the Southeast ("SICSE") changed their state of domicile from South Carolina to Indiana effective June 30, 2008. Therefore, we are filing our updated Company Address Page to reflect these changes. Thank you.

| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|------|--|
| An | neck #: EFT nount: \$50.00 00 per form filing. |
| Refe | er to each state's checklist for additional state specific requirements or instructions on calculating |

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required,

other state specific forms, etc.)